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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R:039000006		CI	ΓY OR TOWN	FALMOUT	H
APPLICATION FO	R RENEWAL:	Season CLAS		LICEN	ISED FOR 20	13 YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 290 CLI		T CLUB IN	C.			
CITY/TOWN: FAI		STATE:	MA	ZIP CODE:	02540	
	/A, GREGORY TYPE				ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER	YOUR EMAIL	ADDRESS		-
	LICENSED PREMISE					
	TO ROOM, MAIN BAR, E			ND ATTIC FOR	STORAGE.	
• •	swear under penalties of					
	ved license will be of the			_		
	see has complied with al			_	to taxes; and	
3. the premi	ises are now open for bu	isiness (II no	t explain b	pelow)		
SIGNED BY:	Individual, Partner or	Authorized	Corporate	Officer		
DATE:	TELEPHONE 1	NUMBER:			R IDENTIFICAT	
Acts of 2004, signe	ed, attest that we are in d by the building inspe (2) the certificate of lic	ector and th	e head of	the fire depart	ment for the	above
Please Check Below: APPROVED:			L B	OCAL LICEN	SING AUTHO	ORITY
DISAPPROVED: [(If disapproved expl	ain)		-	у.		
(FF10.00 OAPA	·· ,		-			
DATE:			_			
APPLICATION FOR RENEV	WAL MUST BE FILED BY LICE	NSEES DURING	THE MONTI	H OF MARCH (M.G.	L. Ch. 138 \$ 16A)	



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ON PREMISES LICENSE RENEWAL APPLICATION

	CI	TY OR TOWN FALMOU	JTH		
APPLICATION FOR RENEWAL:	PLICATION FOR RENEWAL: Seasonal LICENSED FOR 2013				
	CLASS		YEAR		
LICENSEE NAME: LANDFALL INC.					
DOING BUSINESS A LANDFALL RES	STAURANT				
ADDRESS 2 LUSCOMBE AVE.					
CITY/TOWN: FALMOUTH	STATE: MA	ZIP CODE: 02543			
MANAGER: ESTES, DONALD TYP	PE OF LICENSE: Restau	rant CATEGORY	: All Alcohol		
EMAIL ADDRESS:					
PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EMAIL	ADDRESS			
DESCRIPTION OF LICENSED PREMIS	SES:				
ONE FLOOR: RESTAURANT, DINING ROCKITCHEN AND STORAGE.	OM, COCKTAIL LOUNG	E OUTSIDE PA	TIO,		
I hereby certify and swear under penalties	of perjury that:				
1. the renewed license will be of t	the same type for the san	ne premises now licensed;			
2. the licensee has complied with	all laws of the Common	wealth relating to taxes; and	d		
3. the premises are now open for l	business (If not explain	pelow)			
SIGNED BY:					
	or Authorized Corporate	e Officer			
	or Authorized Corporate	e Officer			
Individual, Partner					
		EMPLOYER IDENTIFICA			
Individual, Partner DATE: TELEPHONI	E NUMBER:	EMPLOYER IDENTIFIC. (Note: NOT Individual Socia	l Security Number)		
DATE: TELEPHONI We the undersigned, attest that we are	E NUMBER: in possession (1) the ce	EMPLOYER IDENTIFIC. (Note: NOT Individual Socia	1 Security Number) pter 304 of the		
DATE: TELEPHONI We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of	E NUMBER: in possession (1) the cespector and the head of	EMPLOYER IDENTIFICATION (Note: NOT Individual Social rtificate required by Chapthe fire department for the second	1 Security Number) pter 304 of the he above		
DATE: TELEPHONI We the undersigned, attest that we are Acts of 2004, signed by the building ins	E NUMBER: in possession (1) the cespector and the head of	EMPLOYER IDENTIFICATION (Note: NOT Individual Social rtificate required by Chapthe fire department for the second	1 Security Number) pter 304 of the he above		
DATE: TELEPHONI We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010. Please Check Below:	E NUMBER: in possession (1) the ce spector and the head of liquor liability insuran	EMPLOYER IDENTIFICATION (Note: NOT Individual Social rtificate required by Chapthe fire department for the second	pter 304 of the he above 16 of the Acts		
DATE: TELEPHONI We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010. Please Check Below: APPROVED:	E NUMBER: in possession (1) the cespector and the head of liquor liability insuran	EMPLOYER IDENTIFICATION (Note: NOT Individual Social rtificate required by Chapter 1) the fire department for the required by Chapter 1	pter 304 of the he above 16 of the Acts		
DATE: TELEPHONI We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010. Please Check Below: APPROVED: DISAPPROVED:	E NUMBER: in possession (1) the cespector and the head of liquor liability insuran	EMPLOYER IDENTIFICATION (Note: NOT Individual Social retificate required by Chapter 1 the fire department for the required by Chapter 1 COCAL LICENSING AUTO	pter 304 of the he above 16 of the Acts		
DATE: TELEPHONI We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010. Please Check Below: APPROVED:	E NUMBER: in possession (1) the cespector and the head of liquor liability insuran	EMPLOYER IDENTIFICATION (Note: NOT Individual Social retificate required by Chapter 1 the fire department for the required by Chapter 1 COCAL LICENSING AUTO	pter 304 of the he above 16 of the Acts		
DATE: TELEPHONI We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010. Please Check Below: APPROVED: DISAPPROVED:	E NUMBER: in possession (1) the cespector and the head of liquor liability insuran	EMPLOYER IDENTIFICATION (Note: NOT Individual Social retificate required by Chapter 1 the fire department for the required by Chapter 1 COCAL LICENSING AUTO	pter 304 of the he above 16 of the Acts		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 039000076	(CITY OR TOWN FALMOUTH
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: BLACK PEARL IN	C. THE	
DOING BUSINESS A SHUCKERS		
ADDRESS 00091A WATER STREET		
CITY/TOWN: FALMOUTH	STATE: MA	ZIP CODE: 02543
MANAGER: MURPHY, KAREN TYPE	E OF LICENSE: Resta	aurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR WEE	SSITE AND ENTER YOUR EMA	AIL ADDRESS
DESCRIPTION OF LICENSED PREMISE	ES:	
ONE ROOM - OUTDOOR PATIO		
I hereby certify and swear under penalties of		
1. the renewed license will be of the	* *	•
2. the licensee has complied with a		_
3. the premises are now open for b	ousiness (If not explain	n below)
CICNED DV		
SIGNED BY: Individual, Partner of	or Authorized Corpora	ate Officer
DATE: TELEPHONE	NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
1222110112	THOMBER.	(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building insp	ector and the head	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts
Please Check Below:		
1 icase Check Delow.		LOCAL LICENSING AUTHORITY
APPROVED:		LOCAL LICENSING AUTHORITY By:
APPROVED: DISAPPROVED:		
APPROVED:		
APPROVED: DISAPPROVED:		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 039000111		CITY OR TOWN FALMO	UTH
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: FALMOUTH PIE	ER 37 BOATHOUSE L	LC	
DOING BUSINESS A PIER 37 BOAT	HOUSE		
ADDRESS 88 SCRANTON AVE			
CITY/TOWN: FALMOUTH	STATE: MA	ZIP CODE: 02540	
MANAGER: McLAUGHLIN, TY CONOR R.	PE OF LICENSE: Rest	aurant CATEGORY	Y: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED PREM	ISES:		
ONE FLOOR, DINING ROOM, ENCLOSE	D DECK, OUTSIDE DEC	CK, KITCHEN AND STORAGE	ROOM
I hereby certify and swear under penaltic	es of perjury that:		
1. the renewed license will be o	f the same type for the s	same premises now licensed;	
2. the licensee has complied with	th all laws of the Comm	onwealth relating to taxes; an	d
3. the premises are now open for	or business (If not explain	in below)	
SIGNED BY:		0.00	
Individual, Partne	er or Authorized Corpor	rate Officer	
DATE: TELEBRICA	NE MARCED	EMPLOYER IDENTIFIC	ATION NUMBED.
TELEPHO.	NE NUMBER:	(Note: NOT Individual Socia	
			,,
We the undersigned, attest that we an Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	nspector and the head	of the fire department for the	he above
Please Check Below:		LOCAL LICENSING AUT	HODITV
APPROVED:		By:	HORIT I
DISAPPROVED:		Dy.	
(If disapproved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

	CITY OR TOWN FALMOU!	ΓH
Seasonal	LICENSED FOR 20	013
CLASS		YEAR
IN LLC		
STATE: MA	ZIP CODE: 02543	
PE OF LICENSE: Rest	aurant CATEGORY:	Wine and Malt Regular
EBSITE AND ENTER YOUR EM	AIL ADDRESS	
FENCING, W/ A 4' SPA	ACE ALLOWING FOR ACCESS 7	ГО
of perjury that:		
the same type for the s	same premises now licensed;	
all laws of the Comm	onwealth relating to taxes; and	
business (If not explain	in below)	
or Authorized Corpor	rate Officer	
E NUMBER:	EMPLOYER IDENTIFICAT	
	(Note: NOT Individual Social S	Security Number)
pector and the head	of the fire department for the	above
	LOCAL LICENSING AUTH	ORITY
	LOCAL LICENSING AUTHORS:	ORITY
		ORITY
		ORITY
		ORITY
	Seasonal CLASS IN LLC STATE: MA PE OF LICENSE:Rest SESTE AND ENTER YOUR EM SES: SE AND TO PARKING FENCING, W/A 4' SPA M THE BACK DECK A of perjury that: the same type for the seall laws of the Comm business (If not explain or Authorized Corporate E NUMBER: in possession (1) the spector and the head	Seasonal LICENSED FOR 20 CLASS IN LLC STATE: MA ZIP CODE: 02543 PE OF LICENSE:Restaurant CATEGORY: BESITE AND ENTER YOUR EMAIL ADDRESS SES: BE AND TO PARKING LOT. RESTAURANT CONSISTS FENCING, W/A 4' SPACE ALLOWING FOR ACCESS TO M THE BACK DECK AREA AND WITH A SEATING COMPANY OF PROJECT OF PERSONAL PROPERTY OF THE SAME TYPE FOR THE S



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 039000180		CITY OR TO	WN FALMOU	TH
APPLICATION FO	OR RENEWAL:	Seasonal	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME	E: THR SCRANTO	N RAW BAR, LLC	C		
DOING BUSINES	S A FALMOUTH R	AW BAR			
ADDRESS 56 SCR	RANTON AVENUE				
CITY/TOWN: FA	LMOUTH	STATE: M	ZIP CODE	E: 02540	
	CHARDI, TY MOND	YPE OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOU	UR EMAIL ADDRESS		_
DESCRIPTION OF	F LICENSED PREM	ISES:			
	FRONT & REAR, 3 E R AND DINING AREA				, TAKE
I hereby certify and	l swear under penaltic	es of perjury that:			
1. the rene	wed license will be o	of the same type for	the same premises	now licensed;	
2. the licer	nsee has complied wi	th all laws of the Co	ommonwealth relat	ing to taxes; and	
3. the pren	nises are now open fo	or business (If not e	explain below)		
SIGNED BY:					
2101(22 21)	Individual, Partne	er or Authorized Co	orporate Officer		
DATE:	TELEPHO	NE NUMBER:	EMPLO	OYER IDENTIFICAT	TION NUMBER:
	-		(Note: <u>NO</u>	$\underline{\mathbf{T}}$ Individual Social S	Security Number)
Acts of 2004, sign	ned, attest that we and the ded by the building ind (2) the certificate of	nspector and the l	nead of the fire de	partment for the	e above
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved exp	olain)				
DATE:					
DATE.					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 039000185	CIT	TY OR TOWN FALMOUT	ГН
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR 20	013
	CLASS		YEAR
LICENSEE NAME: THE BEACH RO	OSE INN INC.		
DOING BUSINESS A			
ADDRESS 17 CHASE ROAD			
CITY/TOWN: FALMOUTH	STATE: MA	ZIP CODE: 02540	
MANAGER: REICHWEIN, TY	YPE OF LICENSE: Innhold	er CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EMAIL A	ADDRESS	_
DESCRIPTION OF LICENSED PREM	(ISES:		
AN INN CONSISTING OF THREE BUILD AREA, KITCHENOUTDOORSPATIO			
I hereby certify and swear under penalti-	es of perjury that:		
1. the renewed license will be o		=	
2. the licensee has complied wi		•	
3. the premises are now open for	or business (If not explain b	elow)	
SIGNED BY:	er or Authorized Corporate	Officer	
marviduai, Fartir	er of Authorized Corporate	Officer	
DATE: TELEPHO	ATT ATT OF THE	EMPLOYER IDENTIFICAT	FION NI IMPED.
TELEPHO	NE NUMBER:	(Note: NOT Individual Social S	
		,	, , , , , , , , , , , , , , , , , , , ,
We the undersigned, attest that we as Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	nspector and the head of t	the fire department for the	above
Please Check Below:	L	OCAL LICENSING AUTH	ORITY
APPROVED:	В	y:	
DISAPPROVED:			
(If disapproved explain)	_		
	_		
DATE:	_		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:039000207		CITY OR TOWN	FALMOUTH		
APPLICATION FOR	PPLICATION FOR RENEWAL: Seasonal LICENSED FOR 2013					
CLASS YEAR						
LICENSEE NAME:	THE AVENUE	E SEAFOOD AND PIZZ	ERIA, LLC			
DOING BUSINESS	A THE AVENU	JE SEAFOOD AND GRI	LL			
ADDRESS 465 GRA	ND AVE					
CITY/TOWN: FAL	MOUTH	STATE: MA	ZIP CODE:	02540		
MANAGER: RIDII	NO, JEAN	TYPE OF LICENSE:Res	taurant CA	ATEGORY: All Alcohol		
EMAIL ADDRESS:						
1	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS			
DESCRIPTION OF I						
ONE STORY BLDG, D ROOM, 9 TABLES OU		KITCHEN, 4 EXITS AND E	ENTRANCES, 8 TABI	LES IN DINING		
I hereby certify and s	wear under pena	llties of perjury that:				
1. the renewe	ed license will b	e of the same type for the	same premises now	licensed;		
2. the license	e has complied	with all laws of the Comr	nonwealth relating to	taxes; and		
3. the premis	es are now oper	for business (If not explain	nin below)			
SIGNED BY:			O CC			
	Individual, Pai	rtner or Authorized Corpo	rate Officer			
DATE:			EMBLOVED	IDENTIFICATION NUMBER:		
DATE.	TELEPI	HONE NUMBER:		ividual Social Security Number)		
Acts of 2004, signed named license and (by the buildin	e are in possession (1) the g inspector and the head te of liquor liability insu	l of the fire departr			
of 2010.				•		
of 2010. Please Check Below:			LOCAL LICENS	ING AUTHORITY		
			LOCAL LICENS By:	_		
Please Check Below: APPROVED: DISAPPROVED:				_		
Please Check Below: APPROVED:	in)			_		
Please Check Below: APPROVED: DISAPPROVED:	in)			_		